

Screening, Brief Intervention and Referral to Treatment Release of Information

I authorize	
(Name) (Health Staff/National Guard)	
to exchange information verbally and/or in writing with:	
(Individual/Provider)	
The nature and amount of the information shared will be as limited as possible, but may in	ıclude:
 personal identifying information treatment recommendations participation and status in SBIRT Government Performance and Results Act (GPR data collection drug test results collateral contacts other (specify): 	A)
This consent is specific to my participation in SBIRT covered services and may also include activities such as: service monitoring and evaluation, collateral contacts, and submitting claims to the Iowa Department of Public Health.	
I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.	
I also understand that I may revoke this consent in writing at any time except to the extent action has been taken in reliance on it, and that, in any event, this consent expires automaton the date on which all billing and reporting requirements related to my participation in St have been completely processed.	atically
I understand that, generally, a program may not condition my services on whether I sign a release of information. In the special circumstances of the voluntary SBIRT project, however, I understand that I cannot participate if I do not sign a release of information.	
Signature Date	
Witness Signature Date	

